

2006 CONSUMER REPORT CARD SURVEY – PART 2

(To be filed on or before July 3, 2006)

Managed Care Organization: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____

E-Mail Address: _____

All information, except where otherwise specified, should be for the time period of January 1, 2005 through December 31, 2005.

The commercial member population only should be the basis for the listed performance measures. Medicaid and Medicare populations should not be considered in the calculation of these performance measures. A 95% confidence interval is required. If a 95% confidence interval is not possible, please provide an explanation in the space provided. Also, please provide the actual calculation in the space provided for each measure.

****All data must be reported in the format shown in this survey. ****

The percentage of primary care physicians in the provider network who are board certified.	
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are <u>not</u> considered to be primary care physicians for this measure.	_____%

<p>The percentage of physician specialists in the provider network who are board certified.</p> <p>For purposes of this measure, physician specialists are all network physicians <i>except</i> those practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are to be included in this measure.</p>	<p>_____ %</p>
<p>Provider Turnover Rate</p> <p>The percentage of primary care physicians in the provider network as of December 31, 2004 that were <u>not</u> in the provider network December 31, 2005.</p> <p>Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are <u>not</u> considered to be primary care physicians.</p>	<p>_____ %</p>
<p>Breast Cancer Screening</p> <p>The percentage of enrolled women who:</p> <ol style="list-style-type: none"> were age 50 through 69 years as of December 31, 2005; and were continuously enrolled during 2004 and 2005; and had a mammogram during 2004 or 2005. 	<p>_____ %</p>

Cervical Cancer Screening

The percentage of enrolled women who:

- a. were age 18 through 64 years as of December 31, 2005; and
- b. were continuously enrolled during 2003, 2004, or 2005; and
- c. who received one or more Pap tests during 2003, 2004 or 2005.

_____ %

Childhood Immunizations

The percentage of enrolled children who:

- a. turned two years during 2005; and
- b. were continuously enrolled for the 12 months preceding their second birthday; and
- c. have received the immunizations listed below.

_____ %

- Four DtaP/DT vaccinations (or an initial DTaP vaccination followed by at least three DTaP, DT or individual diphtheria and tetanus shots, with at least one diphtheria and one tetanus falling on or between the first and second birthdays.*
- Three polio (OPV/IPV), with different dates of service, on or before the second birthday.
- One MMR on or between the first and second birthdays.
- Three H influenza type B (HiB) vaccinations with different dates of service by the child's second birthday (with at least one of them falling on or between the first and second birthdays.)*
- Three hepatitis B vaccinations on or before the second birthday (with one of them falling on or between the sixth month and second birthday).
- At least one chicken pox vaccination (VZV) on or between the first and second birthdays.

*** DTaP/DT, OPV/IPV and HiB administered prior to 42 days after birth cannot be counted**

<p>Prenatal Care in the First Trimester</p> <p>The percentage of enrolled women who:</p> <ul style="list-style-type: none"> a. delivered a live birth between November 6, 2004 and November 5, 2005; and b. were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and <p>1. had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization</p> <p>The percentage of enrolled women who:</p> <ul style="list-style-type: none"> a. delivered a live birth between November 6, 2004 and November 5, 2005; and b. were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and <p>2. had a postpartum visit on or between 21 days and 56 days after delivery.</p>	<p>_____ %</p> <p>_____ %</p>
<p>Beta Blocker Treatment After a Heart Attack</p> <p>The percentage of all members who:</p> <ul style="list-style-type: none"> a. were age 35 years and older as of December 31, 2005; and b. were hospitalized and discharged alive between January 1, 2005 and December 24, 2005; and c. had a diagnosis of Acute Myocardial Infarction (AMI); and d. received an ambulatory prescription for beta-blockers upon discharge. 	<p>_____ %</p>

Adult Access to Preventive/Ambulatory Health Services

The percentage of enrollees age 20-44 as of December 31, 2005 who:

- a. were continuously enrolled in the plan during 2003, 2004 and 2005; and
- b. had at least one ambulatory or preventive care visit with a health plan provider in 2003, 2004 or 2005.

_____ %

The percentage of enrollees age 45–64 as of December 31, 2005 who:

- a. were continuously enrolled in the plan during 2003, 2004 and 2005; and
- b. had at least one ambulatory or preventive care visit with a health plan provider in 2003, 2004 or 2005.

_____ %

Outpatient Drug Utilization for Managed Care Enrollees:

1. Total cost of prescriptions in 2005:
(Total cost of prescriptions = the MCO cost + the member cost)
2. Total number of prescriptions in 2005
3. Annual number of prescriptions per member per year (2005):
(= [total number of prescriptions / member months for members with a pharmacy benefit] x 12 months)
4. Average cost per member per month:
(average = total MCO cost + member cost / member months for members with a pharmacy benefit)

\$ _____

\$ _____

Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who:

- a. were enrolled on December 31, 2005; and
- b. turned 18 through 75 years of age during 2005; and
- c. were continuously enrolled during 2005;
- d. who had an eye examination (retinal) in 2004 or 2005.

_____ %

Comprehensive Diabetes Care

The percentage of members who:

- a. were enrolled on December 31, 2005; and
- b. turned 18 through 75 years of age during 2005; and
- c. were continuously enrolled during 2005; and
- d. were treated for diabetes (type II and I)

1. Had Hemoglobin A1c (HbA1c) tested during 2005.

_____ %

2. Had HbA1c poorly controlled.

the most recent test done during 2005 is >9.0%

_____ %

3. Lipid profile (LDL-C) performed in 2005.

_____ %

4. Lipids controlled.

a. The most recent LDL-C level done during 2005 is
<130 mg/dL

_____ %

b. The most recent LDL-C level done during 2005 is
<100 mg/dL

_____ %

5. Kidney disease (nephropathy) monitored.

The member was screened for nephropathy during 2005 or
had evidence of medical attention in 2005 for
nephropathy that is already diagnosed.

_____ %

<p>Member Satisfaction</p> <ol style="list-style-type: none"> 1. Total number of Managed Care Plan enrollees covered under contracts issued in Connecticut. (should equal line (A) of MC Enrollment reported in Part 1 “fully insured, CT Issued”) 2. Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed. 3. Survey response rate. (percentage of those surveyed who responded) 	<p>_____</p> <p>_____ %</p> <p>_____ %</p>
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<p>QUESTION 1: With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?</p> <p>Indicate the percentage of respondents that selected EACH of the following response choices.</p> <p>A big problem</p> <p>A small problem</p> <p>Not a problem</p>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p>QUESTION 2: In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?</p> <p>Indicate the percentage of respondents that selected EACH of the following response choices.</p> <p>A big problem</p> <p>A small problem</p> <p>Not a problem</p>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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QUESTION 3: In the last 12 months, when you called during regular business hours, how often did you get an appointment for regular or routine health care as soon as you wanted?

Indicate the percentage of respondents that selected EACH of the following response choices.

Never
Sometimes
Usually
Always

_____%
_____%
_____%
_____%

QUESTION 4: In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

Indicate the percentage of respondents that selected EACH of the following response choices.

Never
Sometimes
Usually
Always

_____%
_____%
_____%
_____%

QUESTION 5: In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?

Indicate the percentage of respondents that selected EACH of the following response choices.

A big problem
A small problem
Not a problem

_____%
_____%
_____%

QUESTION 6: Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?

Indicate the percentage of respondents that selected EACH of the following response choices.

A big problem

A small problem

Not a problem

_____ %

_____ %

_____ %

QUESTION 7: In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

Indicate the percentage of respondents that selected EACH of the following response choices.

A big problem

A small problem

Not a problem

_____ %

_____ %

_____ %

QUESTION 8: Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?

Indicate the percentage of respondents that selected EACH of the following response choices.

0 (worst possible)

1

2

3

4

5

6

7

8

9

10 (best possible)

_____ %

_____%

_____%

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

CERTIFICATION OF ACCURACY

I, _____, _____ of
(Printed Name) (Title)

_____, hereby certify that I
(Managed Care Organization)

have reviewed the information submitted in accordance with §38a-478c of the Connecticut General Statutes as amended, and that the information is true and accurate.

(Signature)

(date)